

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90046 007 ***150.00

DOCUMENT # 469076
 1. Entity Name
ARROYO INVESTMENTS, INC.

Principal Place of Business: 1121 CRANDON BLVD. STE. E-402 KEY BISCAIYNE FL 33149
 Mailing Address: 1121 CRANDON BLVD. STE. E-402 KEY BISCAIYNE FL 33149-2788



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 90 JOSEPH M. FILLON CPA
 Suite, Apt. #, etc.: 100 N. BISCAIYNE BLVD
 City & State: MIAMI FL
 Zip: 33132 Country: U.S.A.

4. FEI Number: 59-1657838 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ERWIN, CHESTER D
 405 WESTCHESTER DRIVE
 BELAND FL 32724

7. Name and Address of New Registered Agent
 Name: JOSEPH M. FILLON CPA
 Street Address (P.O. Box Number is Not Acceptable): 100 N. BISCAIYNE BLVD, SUITE 700
 City: MIAMI FL Zip Code: 33132

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: *Joseph M. Fillon* JOSEPH M. FILLON 4/20/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$350.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BOUSHEHRI, MEHDI STREET ADDRESS: 1121 CRANDON BLVD.E-402 CITY-ST-ZIP: KEY BISCAIYNE FL	<input type="checkbox"/> Delete
TITLE: VSTD NAME: PORCHER, JACQUELINE STREET ADDRESS: 1121 CRANDON BLVD.E-402 CITY-ST-ZIP: KEY BISCAIYNE FL	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph M. Fillon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)